



MISSOURI DEPARTMENT OF REVENUE  
MOTOR VEHICLE BUREAU - DEALER LICENSING SECTION  
(573) 751-8343

APPLICATION FOR MISSOURI SALVAGE BUSINESS LICENSE

FORM  
**1879**  
(REV. 03-2010)

**IMPORTANT: Any false statement in this application is a violation of the law and may be punished by fine or imprisonment or both.**

**RETURN COMPLETED APPLICATION TO:**

**MOTOR VEHICLE BUREAU, DEALER LICENSING SECTION, P.O. BOX 43, 301 WEST HIGH, ROOM 370, JEFFERSON CITY, MISSOURI 65105.**

1. BUSINESS NAME						3. FEES			
STREET (PHYSICAL ADDRESS)					TELEPHONE ( ) -		LICENSURE FEES \$		
CITY		STATE	ZIP CODE		COUNTY		RECORD CHECK FEES \$		
COMPLETE IF MAIL TO ADDRESS IS DIFFERENT THAN ABOVE (REQUIRES LETTER FROM POSTAL AUTHORITY)									
2. BUSINESS NAME						TOTAL \$			
STREET									
CITY				STATE	ZIP CODE				
4. MO RETAIL SALES TAX NUMBER: EXEMPT: <input type="checkbox"/> YES <input type="checkbox"/> NO				5. LICENSE EXPIRATION YEAR: - - - - -			6. NUMBER OF SALVAGE ID CARDS REQUESTED (ONLY ISSUED TO SALVAGE DEALERS OR DISMANTLERS)		
7. APPLICATION FOR A LICENSE TO ENGAGE IN THE BUSINESS OF: (CHECK ALL THAT APPLY) SEE DEFINITIONS ON REVERSE. <input type="checkbox"/> A. USED PARTS DEALER <input type="checkbox"/> B. SALVAGE DEALER OR DISMANTLER (IN ORDER TO BE TAX EXEMPT ON THE PURCHASE OF MOTOR VEHICLES YOU MUST ALSO BE LICENSED AS A MOTOR VEHICLE DEALER.) <input type="checkbox"/> C. BODY SHOP OR REBUILDER <input type="checkbox"/> D. MOBILE SCRAP PROCESSOR									
8. DO YOU CONDUCT A SALVAGE BUSINESS AT ANY LOCATION OTHER THAN THE ADDRESS SHOWN ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE FOLLOWING DETAILS: (ATTACH A SEPARATE SHEET IF NECESSARY.)									
BUSINESS NAME		LICENSE NUMBER		STREET		CITY		STATE	ZIP CODE
IF YOU HAVE PURCHASED A PREVIOUSLY REGISTERED SALVAGE BUSINESS WITHIN THE PAST REGISTRATION PERIOD, INDICATE THE SALVAGE BUSINESS NUMBER									
9. HAVE YOU EVER BEEN REGISTERED BEFORE AS A MISSOURI SALVAGE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE FOLLOWING DETAILS: (ATTACH A SEPARATE SHEET IF NECESSARY.)									
PRIOR SALVAGE BUSINESS NAME				PRIOR LICENSE NUMBER		CITY		LAST YEAR LICENSED	
10. HAS YOUR SALVAGE BUSINESS LICENSE EVER BEEN DENIED, SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS AND FULL EXPLANATION ON A SEPARATE SHEET.									
11. ARE YOU CURRENTLY A REGISTERED MOTOR VEHICLE, BOAT, OR TRAILER DEALER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DEALER NUMBER <b>D</b> _____									
12. TYPE OF OWNERSHIP <input type="checkbox"/> 1. INDIVIDUAL <input type="checkbox"/> 2. PARTNERSHIP <input type="checkbox"/> 3. CORPORATION. (STATE OF INCORPORATION): _____ <input type="checkbox"/> 4. LIMITED PARTNERSHIP									
13. LIST ALL OWNERS BELOW: (ATTACH A SEPARATE SHEET FOR ADDITIONAL OWNERS.)									
LAST NAME	FIRST	M. INITIAL	SOCIAL SECURITY NUMBER	BIRTHDATE	HOME TELEPHONE	RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
1.			- - - - -	/ /	( ) - - - - -				
2.			- - - - -	/ /	( ) - - - - -				
3.			- - - - -	/ /	( ) - - - - -				
4.			- - - - -	/ /	( ) - - - - -				
14. HAVE ANY OF THE PERSONS OR ENTITIES NAMED HEREIN EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ENTER PERSON'S NAME AND DATE OF CONVICTION(S) BELOW. (USE A SEPARATE SHEET IF NECESSARY.)									
NAME			DATE - - / - - / - -		NAME			DATE - - / - - / - -	
I DO SOLEMNLY AFFIRM THAT I MAINTAIN A BONA FIDE ESTABLISHED PLACE OF BUSINESS AS DEFINED BY SECTION 301.221, RSMo AT THE ADDRESS SHOWN ABOVE TO CONDUCT THE BUSINESS INDICATED. I FURTHER RESOLVE THAT THE STATEMENTS CONTAINED HEREIN AND ON ANY ATTACHMENTS HERETO ARE TRUE AND THAT I HAVE AUTHORITY TO SIGN THIS APPLICATION. ANY FALSE OR ERRONEOUS INFORMATION PROVIDED WILL CAUSE DENIAL, SUSPENSION, OR REVOCATION OF ANY SALVAGE LICENSE THAT WAS FRAUDULENTLY OBTAINED OR ERRONEOUSLY ISSUED.									
15. SIGNATURE OF AN OWNER, PARTNER, OR CORPORATE OFFICER REQUIRED.								DATE - - / - - / - -	
16. INSPECTION/CERTIFICATION — SEE REVERSE SIDE FOR WHO MUST COMPLETE THIS SECTION. I CERTIFY THAT I HAVE PHYSICALLY INSPECTED THE ABOVE LOCATION AND THAT THE APPLICANT'S BUSINESS QUALIFIES AS A BONA FIDE USED PARTS DEALER, SALVAGE DEALER AND DISMANTLER, BODY SHOP OR REBUILDER, OR MOBILE SCRAP PROCESSOR AS DEFINED ON THE BACK OF THIS FORM.									
DATE APPROVED		NAME AND RANK				DEPARTMENT/TROOP/DISTRICT		BADGE NO.	
DATE DISAPPROVED		NAME AND RANK				DEPARTMENT/TROOP/DISTRICT		BADGE NO.	
REASON FOR DISAPPROVAL									
DEPARTMENT USE ONLY									
REJECTED BY:				APPROVED BY:				DATE APPROVED:	

**IMPORTANT INSTRUCTIONS TO APPLICANT:** Complete the application and submit with the appropriate fees to DEALER LICENSING SECTION, POST OFFICE BOX 43, JEFFERSON CITY, MO 65105-0043. **All illegible, incorrect, or incomplete applications will be rejected.**

### **CHECKLIST FOR REQUIREMENTS**

- ✓ Complete each area on the application; birthdates, social security numbers, and residence addresses of all owners must be recorded.
- ✓ Complete the salvage business name and address. **The complete business name must be shown. A post office box number without a street address will not be accepted as an actual business address.**
- ✓ Complete the salvage business name and mail to address, if appropriate. **You must include a letter from the local postal authorities stating they cannot or will not deliver mail to the actual business location.**
- ✓ Complete area 16 – Inspection/Certification. An authorized law enforcement officer or designee **MUST** complete this section. A salvage business must be inspected by the Missouri State Highway Patrol or authorized employee. If the business is located in a first class county (Boone, Buchanan, Camden, Callaway, Cape Girardeau, Cass, Clay, Cole, Franklin, Greene, Jackson, Jasper, Jefferson, Platte, St. Charles, St. Louis, St. Louis City, and Taney), an authorized city policeman who is employed in the same city the business is located may complete the inspection. Certifications may not be completed by a sheriff or marshal. (Reference Sections 301.221 through 301.227, RSMo).
- ✓ Signed application by business owner
- ✓ Current photograph of the bona fide place of business (building, lot, and sign)
- ✓ Complete a criminal record check. Each owner, partner or principal officer must either submit a current criminal record check made by the Missouri State Highway Patrol or submit a fee of \$10 for each record check and the department will have the record check completed. **NOTE:** If any owner, partner, or principal officer is a resident of a state other than Missouri, a current criminal background record check from your State Highway Patrol or Criminal Investigation Bureau.
- ✓ Copy of the permanent signed order and photograph of the business' temporary sign, if applicable
- ✓ If applying as a used parts dealer, a copy of the applicant's Missouri Retail Sales Tax License must be submitted. If applying as a salvage dealer and dismantler, a copy of the applicant's Missouri Retail Sales Tax License must be submitted, or a statement signed by the owner, confirming the business sells parts on a wholesale basis only must be submitted.
- ✓ Submit fee listed on front of form if renewing existing license. If applying for a new salvage business license or changing type of business, refer to enclosed instructions for licensure and criminal background check fees.
- ✓ One check or money order for licensure, and record check fees made payable to the Missouri Department of Revenue.

**Note: The Missouri Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds.**